

ALLEGAN COUNTY HEALTH DEPARTMENT

3255 – 122ND Ave., Suite 200, Allegan, MI 49010

Environmental Health
(269) 673-5415
(269) 673-4172 Fax



Drain Commissioner
(269) 673-0440
Fax (269) 673-0396

Designated Agent Assignment Form

Date

I authorize _____ to act as my representative in regard to
Soil Erosion and Sedimentation Controls at my property located
at _____. In doing so, I agree to the specified
requirements on the Soil Erosion and Sedimentation Control permit.

Signature

Phone Number of Property Owner